Form Approved: OMB No. 1512-0005 (10/31/92)

1. NAME (1) (Last, First, Middle)

DEPARTMENT OF THE TREASURY - BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR RESTORATION OF

FIREARMS AND/OR EXPLOSIVES PRIVILEGES (Complete in Triplicate)

The following information is provided pursuant to section 3 of the Privacy Act of 1974 (5 U.S.C. §522(e)(3)).

Authority: Solicitation of this information is made pursuant to 18 U.S.C. Chapters 40 and 44. Disclosure of this information by the applicant is mandatory if the applicant wishes to seek relief rom disabilities, i.e., restoration of firearms and/or explosives privileges.

Purpose: To determine whether the applicant is eligible to apply for relief from disabilities under 18 U.S.C. § § 925(c) and 845(b); and to determine whether the restoration of privileges should be granted.

Routine Use: The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the regulation of firearms, ammunition, and explosives. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute violation of Federal Law.

Effects of not Supplying the Information Requested: Failure to supply complete information will delay processing and may cause denial of the application.

The following information is provided pursuant to section 7(b) of the Privacy Act of 1974.

urity number is voluntary. Solicitation of this information is made pursuant to 18 U.S.C. § §925(c) and 845(b)

and may be used to verify the				o i i i di ci o i i		paradire		(,,		
		PAPERWORK REDU	JCTION ACT	NOTICE						
This request is in accordance and/or explosives privileges mous to public safety or contra	hay be restored. It is us	ed to conduct an invest	igation to esta	blish if it is	likely 1	that the ap	plicant will act	: in a manner danger-		
APPLICATION IS HEREBY MAI Under Chapter 40, Title 18 by imprisonment for a terr respect thereto.	, U.S.C. (Explosives), f	or a crime punishable	□ U	nder Chapt	er 44,	Title 18, U	S.C. (Firearms	s), for a crime eding one year.		
2. BIRTHPLACE (23) (City & State)	3. DATE OF BIRTH (7) 4. ALIASES (19) 5. SOC						IAL SECURITY NUMBER (12)			
6. PRESENT ADDRESS (8) (No.	Street, City, State, Zip	o Code)				7. TELEP	HONE NUMB	ER (44)		
8. LENGTH OF RESIDENCE	9. DESCRIPTION						· · · · · · · · · · · · · · · · · · ·			
AT PRESENT ADDRESS (month and year)	RACE/SEX (2)	WEIGHT (4	T (4) HAIR (5)			EYES (6)				
0. RESIDENCES DURING PAS	T TEN YEARS (In colu	ımns (b) and (c) enter t	the month and	year of res	idence))				
ADDRESS (Number, Street, City, State, Zip Code) (a)							FROM (b)	TO (c)		
1. EMPLOYMENT RECORD (L	ist present and immedi	ate prior employers and	show month	and year of	emplo	yment)				
NAME AND ADDRESS OF EMPLOYER (a)				POSITION (b)			FROM (c)	TO (d)		
						1.				
2. CONVICTIONS (If pardoned	for a conviction, write	"yes" in column (e) and	d attach a cop				Į.			
SPECIFIC CRIME NAME AND LOCATION OF COURT (a) (b)				SENTEN RECEIV (c)		DA	ICTION ATE d)	PARDONED (e)		
				-		-				
2 OTHER ADDRESTS										
3. OTHER ARRESTS		DATE AND DU	V 05 05 4 DD5	· o. =			T 51	CROCITION		
CHARGE DATE AND PLACE OF ARREST (a) (b)						DISPOSITION (c)				
4. PROBATION OFFICER'S NA	ME ADDRESS AND	TELEPHONE NO	15 PAROLE	OFFICER!	SNAM	E ADDRE	SS AND TELI	PHONE NO		
4. I HOBATION OF FIGER 3 NA	ime, Addiness And	TEETHONE NO.	io. I Anole	5. 1 10ch	C 1471VI	-, ADDN-	SO AND TEEL			

16. CHARACTER REFERENCES (Three required)												
NAME AND ADDR	OCCUPATION (b)		TELEPHONE NUMBER									
				_								
				•								
17. APPLICANT DATA (All questions must be answered by	a "Yes" or	"No")			<u> </u>							
	YES NO	(i) HAVE YOU SERVED ON	ACTIVE DUTY IN :		DMED	YES NO						
(a) ARE YOU A FUGITIVE FROM JUSTICE? (j) HAVE YOU SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "Yes" check Branch and complete following)												
(b) ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA, ANY DEPRES- SANT OR STIMULATING DRUG, OR ANY NARCOTIC DRUG? ARMY NAVY MARINES AIR FORCE COAST GUAR COAST GUAR												
(c) HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?	SERVICE SERIAL NUMBER	DATE ENTERED ACTIVE DUTY										
(d) ARE YOU AN ALIEN ILLEGALLY IN THE UNITED STATES?	KIND OF DISCHARGE	DATE	DATE OF DISCHARGE									
(e) HAVE YOU EVER BEEN ADJUDICATED AS A MENTAL DEFECTIVE?	(k) ARE YOU NOW UNDER INDICTMENT OR INFORMATION IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISON-											
(f) HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?	EEDING ONE YEAR nd current status.)	H? (1)	"Yes"									
(g) HAVE YOU EVER BEEN ADJUDGED BY A COURT OF BEING MENTALLY INCOMPETENT?		(I) HAVE YOU EVER APPLIE		 FIREARMS		YES NO						
(h) ARE YOU NOW ON PROBATION OR PAROLE?	RE YOU NOW ON PROBATION OR LICENSE OR A FEDERAL EXPLOSIVES PERMIT? (If "Yes" show date and with w											
(i) HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS?		1										
18. Complete This Item Only If Applicant Was Ever Issued A	Federal Fir	rearms License Or A Federal Explo	osives License Or Per	rmit.								
BUSINESS NAME AND ADDRESS (LICENSE/PERMIT ISS	PERMIT NO.	EXPIRATION DATE OF LATEST LICENSE OR PERMIT										
THE BUSINESS IS (Check one)				<u></u>		<u>-</u>						
☐ INDIVIDUALLY OWNED ☐ A PARTNERSHIP	☐ A CO	RPORATION OTHER (Spe	ecify)									
19. I BELIEVE I SHOULD BE GRANTED RELIEF BECAUS	SE:											
 IMPORTANT: Applicants Filing For Restoration Privileges (Relief From Disabilities) Under Chapter 44, Title 18, U.S.C. (Firearms) Must Complete This Item. 												
No application for restoration under Chapter 44, Title 18, U.S.C. will be considered unless the applicant acknowledges and agrees that a notice of approval will appear in the Federal Register, an official U.S. Government publication available to the general public, if and when the application is approved. The notice of approval will give all essential details including the applicant's name, address, the court and date of conviction.												
IN THE EVENT THIS APPLICATION IS APPROVED:												
🔲 I understand that a notice of approval will appear in the Federal Register immediately following the issuance of the approval, and												
☐ I hereby agree to publication of the notice of approval	giving my n	name, address, and the date of my	conviction.									
Under penalties imposed by 18 U.S.C. 924 and 18 U.S.C. 844, I declare that I have examined the entries in this application and, to the best of my knowledge and belief, they are true, correct, and complete.												
21. SIGNATURE OF APPLICANT				22. DA	ATE							
NOTE: A COMPLETED FD 258 (FINGERPRINT IDENTIFICATION CARD) MUST ACCOMPANY THIS APPLICATION												
MAIL APPLICATION FORM TO: Bureau of Alcohol, Tobacco and Firearms P.O. Box 784, Ben Franklin Station Washington, D.C. 20044												